## HEALTHY CONNECTIONS NEW MMIS

Idaho Health Care Conference 2011

### **TODAY'S TOPICS**

- HEALTHY CONNECTIONS (HC) ROSTERS
- HEALTHPAS ONLINE
  - Eligibility Verification & HC Enrollment
  - Trading Partner Agreement (TPA)
  - Provider Directory & Other Online Resources
- MACS (MEDICAID AUTOMATED CUSTOMER SERVICE)
- HC PARTICIPANT ENROLLMENT PROCESSES Clinic and Mandatory
- HEALTHY CONNECTIONS REFERRALS
  - Guidelines and Changes
- ▶ HC PROVIDER ENROLLMENT/MAINTENANCE PROCESSES

### **HEALTHPAS ONLINE**

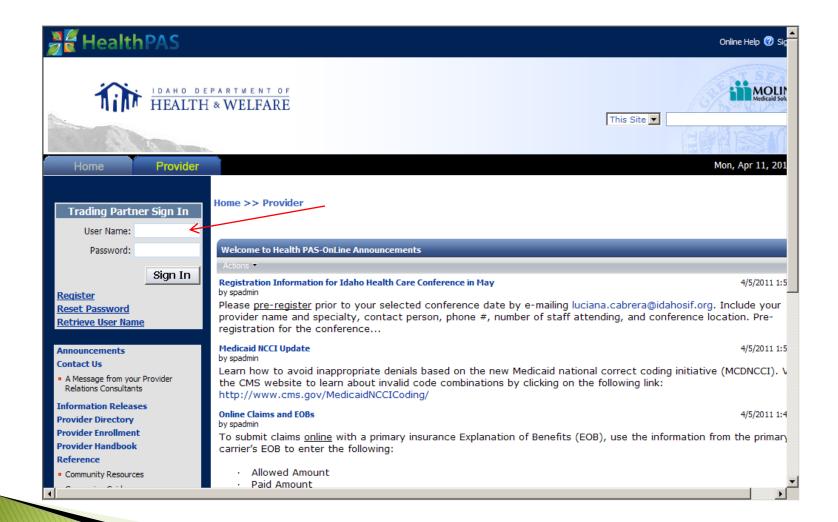
#### www.idmedicaid.com

- TRADING PARTNER AGREEMENT (TPA)
  - Provider office controls staff access to HealthPas
  - Associate all Billing Providers under one TPA to access RAs & HC rosters
  - Go to 'Account Maintenance', click on 'Manage Users' or 'Provider Association' links
  - More TPA info found under 'User Guides' online.

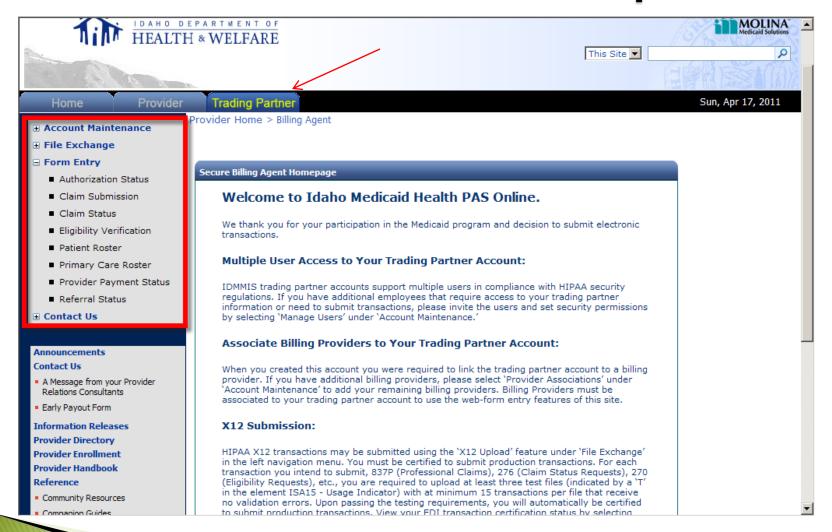
### **HEALTHPAS ONLINE - Home Page**



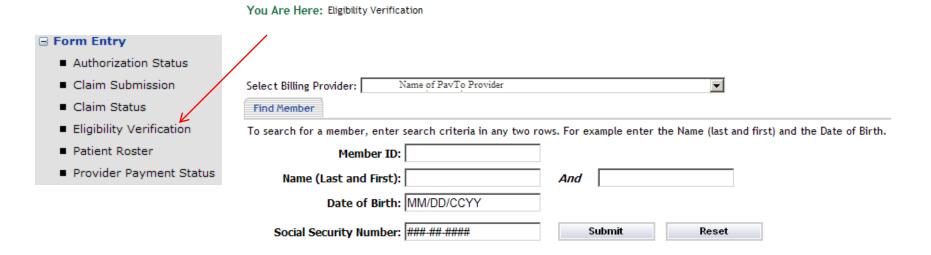
### HEALTHPAS ONLINE - TPA Sign-In



### **HEALTHPAS ONLINE – Options**

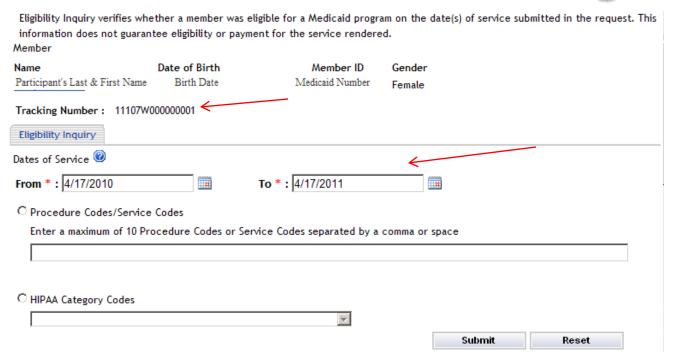


## HEALTHPAS ONLINE -Eligibility Verification



- Need to enter minimum of 2 participant identifiers
   Medicaid#, First & Last name, Date of Birth, or SSN
- Best practice verify Medicaid eligibility
   & HC PCP info <u>prior</u> to rendering services

## HEALTHPAS ONLINE – Elig VerifDates of Service & Tracking #



- Dates of Service cannot be more than 1 year in the past, or a date in the future.
- Tracking # unique number assigned by system to provide proof of eligibility verification done

HEALTHPAS ONLINE – Eligibility Verification Response Screen

Enrollments		-							
Select the Enrollment ID to view the coverage codes for that enrollment segment									
Plan	Coverage Status 🖊	Coverage Level	Plan T	уре	Effective Date	Termination Date			
Idaho Smiles	Partial	Primary	DENTA	L	8/01/2010				
Open Access Benefit Pl	<u>an</u> Partial	Primary	MEDIC	AL	8/01/2010	12/31/2010			
Healthy Connections Benefit Plan	Partial	Primary	MEDIC	AL	1/01/2011				
Part B Premium	Active	Secondary	MEDIC	AL					
No Co-ordination of Be	nefits information found	l.							
Effective date: 01	/01/2011			Termin	nation date:				
PCP Name: H Address: A				ı	Provider ID:				
Office Number: F	hone Number			Cover	age Status: Partial				
1	Ionday Tuesday Wed	lnesday Thursda	y Friday	Saturday S	Sunday				
onnee mount	:00AM to 9:00AM to 9:00 :00PM 5:00PM 5:00		5:00PM	closed c	closed				
		Print	Receipt						

- Enrollments this section shows Benefit Plan eligibility
- Coverage Status column displays as 'Active' or 'Partial'
- <u>Effective & Termination Date</u> based on Inquiry Date Range entered

### HEALTHPAS ONLINE – Eligibility Verification – Coverage Codes section

	Enrollments							
Select the Enrollment ID to view the coverage codes for that enrollment segment								
	Plan	Coverage Status	Coverage Level	Plan 1	Гуре	Effective D	ate	Termination Date
>	Open Access Benefit Plan	Partial	Primary	MEDIC	AL	5/01/2010		
	Idaho Smiles	Partial	Primary	DENTA	AL.	11/01/2010		
	Medicaid Dental	Partial	Primary	DENTA	AL.			10/31/2010
	Healthy Connections Benefit Plan	Partial	Primary	MEDIC	AL			4/30/2010
	Coverage Codes							
	Coverage Code Description		Coverage Status E		Effective Date		Termination Date	
A&D Waiver Coverage		Partial		5/01/2010				
	Enhanced Coverage		Partial		5/01/2010			

- Click on a Benefit Plan in Enrollments section and new <u>Coverage Codes</u> section displays
- Coverage Code section displays the type of coverage that a participant is eligible for under that Benefit Plan

## HEALTHPAS ONLINE - Eligibility Verification - Print Receipt



## HEALTHPAS ONLINE - Eligibility Verification - Benefit Plans

- Benefit Plans
  - Open Access Benefit Plan
  - Healthy Connections Benefit Plan
  - Part B Premium
  - Idaho Smiles
  - Medicaid Dental
  - MMCP Medicaid Only Covered Services
  - Lock-In Benefit Plan

## HEALTHPAS ONLINE – Eligibility Verification – Coverage Codes

- Coverage Codes
  - Basic Coverage
  - Enhanced Coverage
  - Pregnant Women Coverage
  - Medicare Co-insurance & Deductible
  - Long Term Care Coverage
  - Part B Premium Coverage
  - Dental Encounter/Idaho Smiles
  - Medicaid Dental
  - MMCP Coverage

## HEALTHPAS ONLINE – Eligibility Verification Responses

- PW only (Pregnant Women)
  - Portal Coverage Code Description is 'Pregnant Women Coverage'
  - MACS says 'restricted to pregnancy related services only
- QMB only (Qualified Medicare Beneficiary)
  - Portal Coverage Code Description is 'Medicare Co-insurance & Deductible'
  - MACS says 'eligible for coverage limited to QMB only to include Medicare coinsurance & deductible'
- SLMB only (Specified Low Income Medicare Beneficiary)
  - Portal Only Benefit Plan listed will be 'Part B Premium'
  - MACS says 'not eligible for Medicaid benefits'
- MMCP (Medicare/Medicaid Coordinated Plan)
  - Portal shows Benefit Plan called 'MMCP-Medicaid Only Covered Services'
  - MACS says 'restricted to Medicaid paid services'

## MACS - MEDICAID AUTOMATED CUSTOMER SERVICE



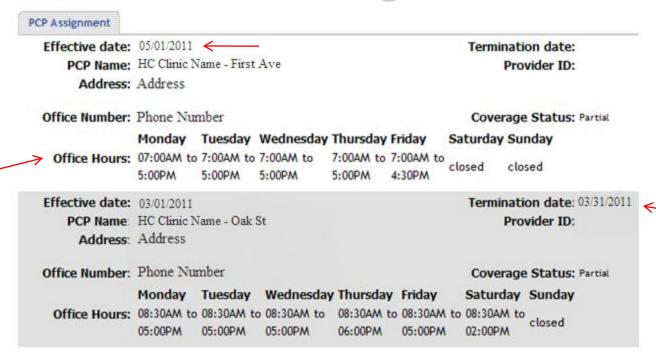
#### PROVIDER

- Toll Free (866) 686–4272 or In Boise (208) 373–1424
- Security Code created with NPI & FEIN
- Self Service options available Examples: Verify Eligibility & HC Enrollment
- Option to speak to an Agent: Mon-Fri, 7am-7pm MST

#### PARTICIPANT

- Toll Free (866) 686–4752
- Self Service options limited to reordering Medicaid Card
- Option to speak to an Agent

## HEALTHPAS ONLINE – Eligibility Verification – PCP Assignment section



- Shows all HC clinic enrollments during the Date Range entered for Eligibility inquiry
- Office hours included in PCP Assignment section

## HEALTHY CONNECTIONS – Clinic Enrollment

- Clinic Enrollments
  - If Open Access Benefit Plan complete enrollment form
    - Exceptions to enrollment Nursing Home, QMB only, Lock-In, and MMCP
  - If HC Benefit Plan & different HC PCP listed complete enrollment form
  - Mail or fax forms to Healthy Connections
  - Important to have patients complete enrollment forms when seen at your HC clinic
    - enrolled with your clinic sooner;
    - avoid assignment to another clinic;
    - case management fee received sooner

## HEALTHY CONNECTIONS – Mandatory Enrollment

- Mandatory Enrollments
  - HC enrollment packets mailed to new eligibles starting again
    - No mailings since May 2010 result is fewer Medicaid participants currently enrolled
  - No response to mailing after 30 days, then participant is assigned by HC staff
  - Assignment based on claims, family enrollment, geographic, and PCP agreed rotation
- One time mass enrollment
  - Catch up on enrollments missed over last year

## HEALTHY CONNECTIONS – Enrollment and Disenrollments

#### HC Enrollments

- Enrollment <u>always</u> starts on the 1<sup>st</sup> day of future month
- Changes can be made up to the last day of a month
- Enrollment Letters are system generated and mailed to participant

#### HC Disensellments

- Change in enrollments end last day of a month
- Clinic dismissal must send copy of dismissal letter to HC with reason for dismissal

## HEALTHY CONNECTIONS - Primary Care Roster - Report & Online formats



- Report format coming soon
  - Go to 'File Exchange', click on 'Reports'
  - Divided into 4 sections
    - 1) New Enrollees, 2) Ongoing Enrollees,
    - 3) Disenrollees, and 4) Lost Eligibility
  - Separated by Service Location

#### Online Roster

- Go to 'Form Entry', then click on 'Primary Care Provider Roster'
- Shows only participants currently enrolled with your clinic.



## HEALTHY CONNECTIONS - Primary Care Roster - Report format

### Idaho Medicaid Management Information System Healthy Connection Roster 04/01/2011



HC CLINIC - SERVICE LOCATION NAME - 001

Medicaid ID	<u>Member Name</u>	<u>Birth Date</u>	<u>Sex</u>	<u>Head of Household</u>	<u>Address</u>
Mediciad #	Participant's Name	Date of Birth	F	Head of Household Name	Participant's Address, City, State, Zi
Mediciad #	Participant's Name	Date of Birth	M	Head of Household Name	Participant's Address, City, State, Zi
Mediciad #	Participant's Name	Date of Birth	М	Head of Household Name	Participant's Address, City, State, Zi



Mailed monthly to HC clinics, and PDF file available anytime on Portal under 'Reports'

### HEALTHPAS ONLINE – HC Primary Care Roster – Online format

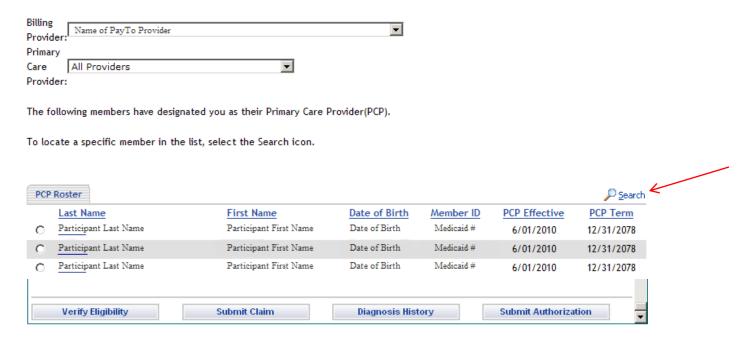
You Are Here: Primary Care Roster

Billing	Name of PayTo Provider ▼	1
Provider:	Name of Pay 10 Provider	1
Primary		
Care	Select a Primary Care Provider	-
Provider:	Select a Primary Care Provider	
	All Providers Name of HC Clinic - First Ave - 000	
	Name of HC Clinic - Main St - 001	
	Name of HC Clinic - Idaho Drive - 002	
To locate	Name of HC Clinic - Oak Lane - 003 a specific member in the list, select the Search Icon.	_
. o tocate	a specific member in the use, select the settlem teem	

Select a Primary Care provider to perform Search.

- Roster by 'service location' or 'All Providers' for that Billing Provider
  - Service location participants enrolled at that location
  - All Providers all participants enrolled with organization

### HEALTHPAS ONLINE – HC Primary Care Roster – Online format



- Only lists those participants currently enrolled
- Search function to find a specific participant
- Other functions available at bottom of roster (i.e. eligibility verification, claim submission, etc)

### HEALTHPAS ONLINE – HC Primary Care Roster – Search for Member

You Are Here: Primary Care Roster

Billing Provider: Primary Care Provider:	Name of PavTo Pro	wider	V	V			
The follow	wing members have	e designated you as their	Primary Care Provide	r(PCP).			
To locate	a specific membe	r in the list, select the S	earch icon.				
PCP Ros	ter					<i>S</i> <u>S</u> earch	
	Name	Member ID:		And:			
	Hame	Date of Birth: 5/8/02	!	Allui			
	Social So	ecurity Number: ###-#	#-####				
		Submit	Reset	Close			
	Last Name	First Name Participant First Name	Date of Birth Date of Birth	Member ID  Medicaid #	PCP Effective 4/01/2011	PCP Term 12/31/2078	

- Can use only one client identifier to search on
- Search results display below

### HEALTHPAS ONLINE – HC Primary Care Roster – Member info

#### Back to PCP Roster

#### Member Information

Name: Participant Name

Physical Address: Physical Street Address

City, State, Zip

Mailing Address: Mailing Street Address

City, State, Zip

Email:

Home #:

Work #:

Mobile #:

Pager #: Fax #:

Emergency #:

#### Demographic Information

Date of Birth: Date of Birth

Gender: Female

Multiple Birth: No

Parent/Guardian ID:

Marital Status: Single

Primary Language Spoken: ENGLISH

Ethnicity: CAUCASIAN

#### Enrollment Information

Health Plan ID: Participant's Medicaid Number

Subscriber Indicator: Y

Enrollment Effective Date: 11/1/2010 Enrollment Term Date: 12/31/2078

## HEALTHY CONNECTIONS – Referrals

- Follow the pre-June 2010 referral process
  - Referral entry into HealthPAS OnLine not available yet
  - See last announcement posted on 11/4/10
  - Section 2.5.4, General Provider and Participant Information section of Provider Handbook
- Old HC clinic referral numbers not in new MMIS
  - Do not include old HC clinic referral numbers on claims
- Referrals should be obtained PRIOR to rendering services
  - Verify eligibility and HC enrollment prior to performing services
  - Document attempts to identify participant's HC PCP and obtain referral in the patient's record

## HEALTHY CONNECTIONS – Referral Documentation

- Referral is a PCP's order for services
  - Can be written or verbal
  - Send referral to the receiving provider, <u>not</u> to Molina
- Both the HC PCP and the provider being referred to must document the specifics of the referral in the patient's chart.
- Documentation to include:
  - Who made the referral
  - Date of referral
  - Scope of services to be provided
  - Duration of the referral
- Receiving providers are to send assessment or recommendations back to the HC PCP.

### HEALTHY CONNECTIONS – Lack of Referral

- Services requiring a HC referral that are provided without a referral, are considered 'non-covered' services
  - Provider rendering non-covered services must advise the participant (preferably in writing) prior to providing such services. Cannot bill participant unless you have done so.
  - Participant may choose to self-pay or decline services
- Payment for services billed without a referral are subject to recoupment

## HEALTHY CONNECTIONS – Referral Change for Urgent Care

#### Healthy Connections (HC) Referral Requirement for Urgent Care Clinics Change

Beginning January 1, 2011, a referral will no longer be needed for participants accessing an urgent care clinic after their Healthy Connections provider's office is closed (i.e. after hours and on weekends). This change was proposed during provider meetings that were held to discuss ways to reduce costs to the Medicaid program. The change is intended to save money by reducing participants' after hour use of the emergency department.

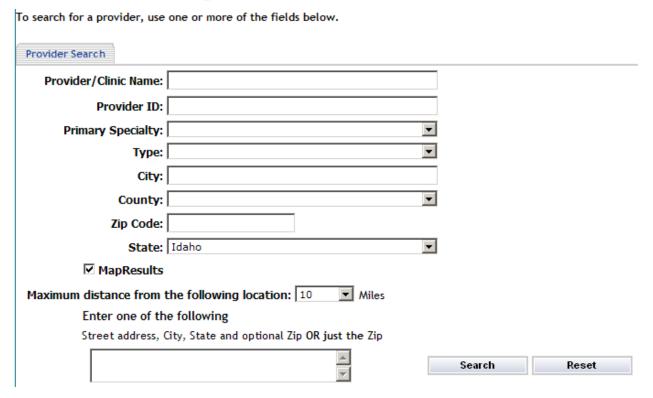
Urgent care clinics must verify and document that the participant has presented after hours. A Healthy Connections referral to an urgent care clinic is still required during normal business hours. Urgent care clinics should always report their findings to the Healthy Connections provider, and participants should be advised to follow up with their Healthy Connections provider if necessary.

MedicAide January 2011

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## HEALTHPAS ONLINE – Provider Directory – Search

# Announcements Contact Us A Message from your Provider Relations Consultants Information Releases Provider Directory Provider Enrollment Provider Handbook Reference Community Resources Companion Guides



### HEALTHY CONNECTIONS -

Provider Directory - Map results





Search Again

- Click on <u>Details</u> for more clinic information:
  - Provider Type & Specialty, County, Provider ID, Phone, Fax, Email, Accepting new Patients, Age or Gender restrictions, Languages spoken, Office Hours

### HEALTHY CONNECTIONS -

### Provider Directory - Search results

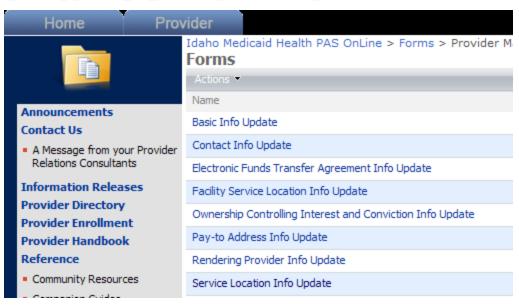


- Clinic information is shown in table format when map results is not chosen
  - Same information about clinic displayed
  - Click on name in <u>Location or Clinic</u> column to obtain further information on that clinic

## HEALTHPAS ONLINE – HC Provider and Clinic changes

- Provider Enrollment and Maintenance forms available on Portal
  - Sent to Molina Provider Enrollment
  - Effective 4/18/11, all HC provider maintenance requests must be submitted using the Provider Maintenance forms
- Changes to also report to Healthy Connections
  - Report PCPs joining or leaving clinic/service location
  - Adding or closing a service location
  - Accepting new patients or not
  - Changes in Office Hours
- Report timely in order to keep HC PCP listing updated and accurate

## HEALTHPAS ONLINE – Provider Maintenance Forms



- Provider Maintenance forms located on the Portal
- HC related info found on following forms:
  - Rendering Provider Info Update
  - Service Location Info Update

### RESOURCE INFORMATION

Health and Welfare (DHW) website: www.healthandwelfare.idaho.gov

#### <u>Transportation - American Medical Response (AMR)</u>

Participant & non-Transport Providers: 1-877-503-1261;

Transport Providers: 1-877-503-1267 website: www.idahonemt.net

Qualis - 1-800-783-9207

#### **Idaho Smiles**

Phone 1-800-936-0978; website: www.bcidaho.com

#### Magellan (Pharmacy claims contractor)

Providers: 1-800-922-3987; Participants: 1-888-773-9466;

Website: https://idaho.fhsc.com

Pharmacy Unit w/DHW (to initiate prior authorization requests)

Phone: 1-866-827-9967; Fax: 1-800-327-5541; Website: www.medicaidpharmacy.idaho.gov

#### Medical Care Unit - www.medunit.dhw.idaho.gov

(Disease Management, Durable Medical Equipment, Therapy Services, Ambulance Auths, Hospice, Surgery, Breast and Cervical Cancer, Vision, Dental, Lead Screening Program,

Non-Emergency Medical Transportation)

#### PHA (Preventive Health Assistance --

Phone 1-877-364-1843; Email medicaidphaprogram@dhw.idaho.gov;

Website: www.medicaid.idaho.gov and click on Preventive Health Assistance link.

### MOLINA CONTACT INFORMATION

**MACS**: (866) 686–4272

#### **Provider services**

Fax: 1 (877) 661-0974

Email: idproviderservices@molinahealthcare.com

#### **Technical services**

Fax: 1 (877) 517-2040

Email: <u>idedisupport@molinahealthcare.com</u>

#### **Provider enrollment**

Fax: 1 (877) 517-2041

Email: idproviderenrollment@molinahealthcare.com

#### Region 3 & 4 Provider Relations Consultant (PRC)

(3) Rainy Natal 1 (208) 860-4682 Email: Region.3@MolinaHealthCare.com

(4) Deanna LaCombe 1 (208) 559-4793; Email: Region.4@MolinaHealthCare.com

#### **Participant Services**:

Phone: 1 (866) 686-4752

Email: idparticipantservices@molinahealthcare.com

### HC CONTACT INFORMATION

#### Region 3

Name: Joy Longstreet

Phone: (208) 642-7006

Fax: (208) 642-7082

Email: <u>longstrj@dhw.idaho.gov</u>

Toll Free: (800) 494-4133

Spanish: (800) 378-3385 (statewide)

Healthy Connections Website:

www.healthyconnections.idaho.gov (find PCP Listing)

Thank You for Coming Today !!

Fax: (208) 454-7625

Name: Sara Hopwood

Email: <a href="mailto:hopwoods@dhw.idaho.gov">hopwoods@dhw.idaho.gov</a>

### HC CONTACT INFORMATION

Name: Janet Sargent

Fax: (208) 334-0953

Phone: (208) 334-0717

Email: <u>sargentj@dhw.idaho.gov</u>

#### Region 4

Name: Paula Faulkner

Phone: (208) 334-0718

Fax: (208) 334-0953

Email: <u>faulknep@dhw.idaho.gov</u>

Toll Free: (800) 353-2574

Spanish: (800) 378-3385 (statewide)

Healthy Connections Website:

www.healthyconnections.idaho.gov (find PCP Listing)

Thank You for Coming Today !!